- 15-18-04:41 pm From-KMZ ROSENMAN					+212 940 8986	T-9	67 P.002/	005 F-	585
Complete and send this form, together with applicable fee(s), to: Mail					Mail Stop ISSUE FEL				
nrt 1 5 2004 6					Commissioner for Patents P.O. Box 1450				
Alexan or Fax (703) 74						ginia 22313	-1450		
INSTRUCTIONS of his form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed wh appropriate his further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address appropriate his further correspondence including the Patent, advance orders are advanced or a service or a									
appropriate! A whither correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PEE ADDRESS" maintenance fee notifications.									
CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for my change of address)					Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany				
					papèrs. Each additional paper, such as an assignment or formal drawing, in have its own certificate of mailing or transmission.				
E ATTENIATIONINI ZAVIC DOCENIMANI									
575 MADISON AVENUE					I hereby certify that the States Postal Service	his Fee(s) Trail with sufficient	postage for fi	ig deposite	al with the Un Iail in an envel
NEW YORK, NY 10022-2585					I hereby certify that this Fec(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.				
Customer Number: 026304					James J. Dade (Occasion's no				
					for	(Signat			
					October 13, 2004			(D	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR//	ATTORNEY DOCKET		CONFIRMATION NO.	
10/626,431 07/23/2003 Tomio Okada NECG 20,529								9823	
TITLE OF INVENTION: METHOD AND CIRCUIT FOR CHARGING A SIGNAL VOLTAGE THROUGH A SEMICONDUCTOR MEMORY DEVICE									
16 70									
APPLN, TYPE	SMALL ENTITY	ISSUE FEE/300		PU	BLICATION FEE	<del></del>		DATE DUE	
nonprovisional	NO	\$1230		1	\$300	\$1 <del>63</del> 0		10	0/29/2004
EXAMINER		ART UNIT		CT.	ASS-SUBCLASS	1			
LAM, DAVID		2818			365-203000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent from page, list									
CFR 1.363).				mes of u	of up to 3 registered patent attorneys likatten Muchin Zavis Rosenman				
Address form PTO/SB/122) attached. (2) the name of					single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Tolayo Tapan 01 FC:1501 1370.00 DA									
Elpida Memory, Inc.			10kyo, Japan 02 FC:1504 300.00 DA					) <u>A</u>	
Please check the appropriate	assignee category of catego	ries (will not be no	inted on the p	atent):		::8001 omoration or c			☐ governm
Please check the appropriate assignee category or categories (will not be printed on the patent);  4a. The following fec(s) are enclosed:  4b. Payment of Feo(s):									
X Issue Fee									
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.									
The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 5013 C (enclose an extra copy of this form).									
5. Change in Entity Status (from status indicated above)									
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Db. Applicant is not claiming SMALL ENTITY status. Sec, c.g., 37 CFR 1.27(g)(2).									
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.									
(Ngint) ped Significant (10/14/04									
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14									
Alexandria, Virginia 22313-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND TO: Continussioner for Patents, P.O. Box 14									

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.